

REPORT OF HOTEL OCCUPANCY TAX CITY OF SAN ANTONIO COUNTY OF BEXAR

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(a) ACCOUNT NO.		(b) REPORTING PERIOD (one month)		(e) LOCATION			(f) PAYMENT INFORMATION		
		MONTH YEAR		☐ Located in the City of San Antonio (A		ntonio (All of	Reporting taxes for the City of San Antonio and Bexar		
				San Antonio is within Bexar Co		•		County on this report.	
(c) FILING		(d) DUE DATE				• /	Reporting taxes only for the City of San Antonio on this report (Bexar County taxes are due and will be reported		
On Time before the		y Tax and report last day of the r	Located in Bexar C City of San Antonio	• •			separately).		
		RTING PERIOD in		o city iii iii			Reporting only Bexar County taxes on this report.		
(g) TRADE NAME AND CONTACT INFORMATION						(h) STATUS OF BUSINESS			
Trade Name:						Is this location still in business? ☐ YES ☐ NO			
Owner Name:						☐ If no, as of what date sold/transferred/closed: ☐ If this location has been sold or transferred, provide the new trade name, the owner's			
Location						mame, address and telephone number.			
Address:						H			
Mailing Address:						mame, address and telephone number.			
(If other than location)						_ ¥			
Contact: Telephone (Number:)									
		(i) HOTEL OC	CUPANCY TAX C	ALCULATIONS		·		CITY of SAN ANTONIO	BEXAR COUNTY
The City of San Antonio collects HOTEL OCCUPANCY TAXES for the City of San Antonio and Rooms located in the City of San Antonio will be reported in column (j). Rooms located in Bexa those in all municipalities, will be reported in column (k).								(j) Receipts for rooms located in City of San Antonio	(k) Receipts for rooms located in Bexar County
TOTAL RECEIPTS: Enter the gross receipts for all sleeping rooms rented, including sleeping. 1. exemption. Do not include miscellaneous charges such as for telephone, safes, personal services, and the services is a service of the services of the services are serviced.					leeping ro	oms claiming minibar, etc.	\$		
EXEMPTIONS : Enter exempted receipts. A Texas Hotel Occupancy Tax Exemption Certificate (Form 12-302) mus completed for each exemption claimed on this line. (Note: <i>Local exemptions are not the same as state exemption see</i> instructions for details of allowable exemptions.)							_		
TAXABLE RECEIPTS: Enter the total taxable receipts by subtracting the EXEMPTED receipts (line 2) from the TO 3. RECEIPTS (line 1).							II		
4. TAX RATE FOR CITY OF SAN ANTONIO (9%) AND BEXAR COUNTY (1.75%):							Х	.09	.0175
TAX: Multiply the TAXABLE RECEIPTS (line 3) by the TAX RATE (line 4) and enter results on this line. 5. Enter Bexar County tax, if any, on this line and on line 7.							=		
DISCOUNT: Payments made by the "20th day" following the end of the REPORTING PERIOD, where no outstanding delinquent reports exist, may withhold a 1% discount. Multiply the CITY TAX (line 5) by .01, and enter the result Non-qualifiers enter zero and continue to line 7. (Note: Bexar County does not grant a discount.)							Х		NOT APPLICABLE TO COUNTY TAX
TOTAL: Subtract DISCOUNT (line 6) from TAX (line 5), enter result here, and skip to line (11). If paid after DATE (d), enter amount from line (5) here, and calculate late charges on lines (8-10).							=		
day after delinquent, in hox (m)	the DUE DA beginning w	e is 10% per annum for TE (d). Multiply dai ith the 60th day after to terest due by multiply the (5), and enter the re	ly rate times the he DUE DATE (d).	number of days Enter the RATE	n) INTERE	ST RATE %	+		
enter the	at right. Calcuresult of calc	paid after the DUE plate the penalty base plations in column(s) payment is \$5.00.	d on the percentage	ge checked, and	n) PENALT - 1-30 day % - 31 or m	s late	+		
TOTAL LATE CHARGES: 10. Add the amounts on lines (8) and (9), and enter the total in columns (j) and (k) at right.							II		
instructions in	TOTAL TAX I	DUE below. If paying	after the DUE DAT	ine 7, columns (j) and (k FE, enter the sums of Line structions in TOTAL TAX [e 7 (TOTA)	L) and line 10	\$		
TOTAL TA	AX DUE:	Add total an report with y	nount(s) due o	on line (11), colum money order paya	able to t	nd (k), and the City of S	retur San <i>A</i>	n this Antonio.	
I,(PRINT NAME), am the □owner, □manager, □controller, or □other. I declare under the penalties prescribed in City Ordinance No. 67104, as amended, that the information contained in this document covering the above period is accurate, true,									
and correct, to the best of my knowledge and belief.									
Date		Telephone N		Title	or Capacit	v		Signature	e of Affiant